

Value-Based Insurance Design Task Force

Charge

Develop and recommend specific policy options and clinical areas and services for value-based insurance designs (VBID) in the Maryland Health Benefits Exchange and self-insured employer insurance market. The basic premise of VBID is to align patients' out-of-pocket costs, such as copays and premiums, with the value of health services. This approach to designing benefit plans recognizes that different health services have different levels of value. By reducing barriers to high-value treatments through lower costs to patients – “carrots” -- and discouraging low-value treatments through higher costs to patients – “sticks”-- these plans can achieve improved health outcomes at any level of health care expenditure.

Studies show that when barriers are reduced, significant increases in patient compliance with recommended treatments and potential cost savings result. Moreover, there is credible evidence that quality can be substantially increased, and cost substantially reduced through careful application of both “carrot” and “stick” approach to VBID.

Membership

- Health plan representatives (3)
- Employer representatives (4)
 - Private employers (3)
 - State government – Department of Budget and Management (1)
- Clinicians (2)
- Consumer and patient representatives (2)
- Hospital representative (1)
- Maryland's Healthiest Businesses representative (1)
- Expert in clinical/economic assessments of medical interventions (1)
- Maryland Health Care Commissioner (1)
- Health Services Cost Review Commissioner (1)
- Deputy Secretary for Public Health, or designee
- Maryland Insurance Commissioner, or designee
- Executive Director of the Maryland Health Care Commission, or designee
- Executive Director of the Governor's Office of Health Reform, or designee

Staff: DHMH and MHCC

Specific Tasks

1. Use multiple evidence sources to determine specific clinical areas and services with the greatest potential for improved health outcomes and reduced health care costs.
 - Utilize evidence followed by clinical specialty societies or advocacy groups, including but not limited to the American College of Cardiology, the American Society of Clinical Oncology, the American Heart Association, the American Diabetes Association, to identify high- and low-value services;
 - Consider using the *Choosing Wisely* initiative as an additional mechanism for defining low-value care.
 - Utilize other peer reviewed research via systematic reviews and meta-analyses of clinical services.
2. Facilitate a strategic discussion about how the VBID program interacts and complements other elements of state health reform, including payment reform and adoption of health information technology, and incorporate into recommendations.
3. Educate providers, employers and consumers about the basic tenets of VBID and why the state is embracing the concept.
4. Review and refine policy options developed by consultants and choose most appropriate options based on review of literature and identified list of specific clinical areas and services with greatest potential benefit.
5. Develop and present policy options and specific clinical areas and services to employer groups via Maryland's Healthiest Businesses.
6. Develop and present policy options and specific clinical areas and services to the Maryland Health Benefits Exchange Board.